

☒ **REPORT OF LOBBYIST EMPLOYER**

(Government Code Section 86116)

1/13

or

☐ **REPORT OF LOBBYING COALITION**

(2 Cal. Code of Regs. Section 18616.4)

**FORM 635**  
**1993**

**IMPORTANT:** Lobbying Coalitions must attach a completed Form 635-C to this Report.

**REPORT COVERS PERIOD FROM** 01/01/2010 **THROUGH** 03/31/2010

**CUMULATIVE PERIOD BEGINNING** 01/01/2009

**TYPE OR PRINT IN INK**

For information required to be provided to you pursuant to the Information Practices Act of 1977, see [Information Manual on Lobbying Disclosure Provisions of the Political Reform Act](#).

**FOR OFFICIAL USE ONLY**

**A**

**B**

NAME OF FILER:

SAN BERNARDINO, COUNTY OF

BUSINESS ADDRESS: (Number and Street)

(City)

SAN BERNARD -  
INO

(State)

CA

(Zip Code)

92415

TELEPHONE NUMBER:

**PART I - LEGISLATIVE OR STATE AGENCY ADMINISTRATIVE ACTIONS ACTIVELY LOBBIED DURING THE PERIOD**

(See instructions on reverse.)

AB 17,167,307,119,861,1406,244,719,1403,657,1600,1653,1717,1905,1906,1908,2153,2477,2493,2506; SB 11,65,67,345,973,994,110 - 2,1109,1124,1141,1185,1265,1324; LEGISLATURE AND GOVERNOR'S OFFICE RE: BUDGET ISSUES

☐ If more space is needed, check box and attach continuation sheets.

**SUMMARY OF PAYMENTS THIS PERIOD**

A. Total Payments to In-House Employee Lobbyists (Part III, Section A, Column 1) .....	\$	<u>0.00</u>
B. Total Payments to Lobbying Firms (Part III, Section B, Column 4) .....	\$	<u>80000.00</u>
C. Total Activity Expenses (Part III, Section C) .....	\$	<u>0.00</u>
D. Total Other Payments to Influence (Part III, Section D) .....	\$	<u>396597.73</u>

GRAND TOTAL (A + B + C + D above) .....	\$	<u>476597.73</u>
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E. Total Payments in Connection with PUC Activities (Part III, Section E) .....	\$	<u>0.00</u>
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F. Campaign Contributions: ☐ Part IV completed and attached ☒ No campaign contributions made this period

**VERIFICATION**

I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on (Date)  
04/26/2010

At (City and State)  
SACRAMENTO, CA

By (Signature of Employer or Responsible Officer)  
J. RICHARD EICHMAN

Name of Employer or Responsible Officer (Type or Print)  
J. RICHARD EICHMAN

Title  
CERTIFIED PUBLIC ACCOUNTANT ( -  
405800-MM)

PERIOD COVERED: 01/01/2010 03/31/2010NAME OF FILER: SAN BERNARDINO.COUNTY OF**PART II - PARTNERS, OWNERS, AND EMPLOYEES WHOSE "LOBBYIST REPORTS" (FORM 615) ARE ATTACHED TO THIS REPORT** (See instructions on reverse.)

Name and Title	Name and Title

☐ If more space is needed, check box and attach continuation sheets.
**PART III - PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES**

A. PAYMENTS TO IN-HOUSE EMPLOYEE LOBBYISTS (See instructions on reverse. Also enter the Amount This Period (Column 1) on Line A of the Summary of Payments section on page 1.)	(1) Amount This Period	(2) Cumulative Total To Date
	\$ 0.00	\$ 0.00

B. PAYMENTS TO LOBBYING FIRMS (Including Individual Contract Lobbyists)					
Name and Address of Lobbying Firm/Independent Contractor	(1) Fees & Retainers	(2) Reimbursements of Expenses	(3) Advances or Other Payments (attach explanation)	(4) Total This Period	(5) Cumulative Total to Date
PLATINUM ADVISORS,LLC  SACRAMENTO CA 95814	80000.00	0.00	0.00	80000.00	323395.29

☐ If more space is needed, check box and attach continuation sheets
**TOTAL THIS PERIOD** (Column 4)

Also enter the total of Column 4 on Line B of the Summary of Payments section on page 1.

\$ 80000.00

PERIOD COVERED: 01/01/2010 03/31/2010NAME OF FILER: SAN BERNARDINO,COUNTY OF**C. ACTIVITY EXPENSES** (See instructions on reverse.)

Date	Name and Address of Payee	Name and Official Position of Reportable Persons and Amount Benefiting Each	Description of Consideration	Total Amount of Activity
			\$	\$

☐ If more space is needed, check box and attach continuation sheets.

 TOTAL SECTION C (Activity Expenses)  
 Also enter the total of Section C on Line C of  
 the Summary of Payments section on page 1.

\$ 0.00

**D. OTHER PAYMENTS TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION**
☒ NOTE: State and local government agencies do not complete this section. Check box and complete Attachment Form 640 instead.

1. PAYMENTS TO LOBBYING COALITIONS (NOTE: You must attach a completed Form 630 to this Report.)

\$ 0.00

2. OTHER PAYMENTS

\$ 0.00

 TOTAL SECTION  
 D (1 + 2) Also  
 enter the total of  
 Section D on Line  
 D of the Summary  
 of Payments  
 section on page 1.

\$ 0.00

**E. PAYMENTS IN CONNECTION WITH ADMINISTRATIVE TESTIMONY IN RATEMAKING PROCEEDINGS BEFORE THE CALIFORNIA PUBLIC UTILITIES COMMISSION**

Also, enter the total of Section E on Line E of the Summary of Payments section on page 1. (See instructions on reverse.)

\$ 0.00

PERIOD COVERED: 01/01/2010 03/31/2010NAME OF FILER: SAN BERNARDINO,COUNTY OF

**PART IV -- CAMPAIGN CONTRIBUTIONS MADE** (Monetary and non-monetary campaign contributions of \$100 or more made to or on behalf of state candidates, elected state officers and any of their controlled committees, or committees supporting such candidates or officers must be reported in A or B below.)

- A. If the contributions made by you during the period covered by this report, or by a committee you sponsor, are contained in a campaign disclosure statement which is on file with the Secretary of State, report the name of the committee and its identification number, if any, below.

Name of Major Donor or Recipient Committee Which  
Has Filed A Campaign Disclosure Statement:

Identification Number if  
Recipient Committee: \_\_\_\_\_

- B. Contributions of \$100 or more which have not been reported on a campaign disclosure statement, including contributions made by an organization's sponsored committee, must be itemized below.

Date	Name of Recipient	I.D. Number if Committee	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$



If more space is needed, check box and attach continuation sheets.

**NOTE:** Disclosure in this report does not relieve a filer of any obligation to file the campaign disclosure statements required by Gov. Code Section 84200, et seq.

**Attachment Form 640**

(Attachment to Form 635 or Form 645)

CALIFORNIA  
1993 FORM**640**

5/13

PERIOD COVERED: 01/01/2010--03/31/2010NAME OF FILER: SAN BERNARDINO COUNTY OF**For Use By:** A state or local government agency that qualifies as a lobbyist employer or a \$5,000 filer. Refer to the instructions on the cover page before completing this attachment.**Other Payments to Influence Legislative or Administrative Action:**

1. Total payments for overhead expenses related to lobbying activity. <u>Report as a lump sum.</u> .....	\$ 0.00
2. Total payments to Lobbying Coalitions. <u>Report as a lump sum.</u> ..... (Form 630 must be attached)	\$ 0.00
3. Total payments of less than \$250 during the calendar quarter for lobbying activity (excluding overhead). <u>Report as a lump sum.</u> .....	\$ 1730.00
4. Total payments of more than \$250 during the calendar quarter for lobbying activity (excluding overhead). Such payments must be itemized below. ....	\$ 394867.73
5. Grand total of "Other Payments to Influence Legislative or Administrative Action." Also enter this total on the appropriate line of the Summary of Payments section on Page 1 of Form 635 or Form 645. ....	\$ 396597.73

Itemize below payments of \$250 or more made during the quarter for lobbying activity. Provide the name and address of the payee, the amount paid during the quarter, and the cumulative amount paid to the payee since January 1 of the biennial legislative session covered by the report.

Also itemize dues or similar payments of \$250 or more made to an organization that makes expenditures equal to 10% of its total expenditures or \$15,000 or more in a calendar quarter to influence legislative or administrative action. Provide the organization's name and address, the amount paid to the organization during the quarter, and the cumulative amount paid to the organization since January 1 of the biennial legislative session covered by the report.

Name & Address of Payee	Amount This Quarter	Cumulative Amount Since January 1
AMERICAN OCCUPATIONAL THERAPY ASSOCIATION, INC.  BALTIMORE MD 21264	\$ 0.00	\$ 435.00
AMERICAN PLANNING ASSOCIATION  CAROL STREAM IL 60197	\$ 535.00	\$ 3562.00
ASSOCIATED GENERAL CONTRACTORS OF CALIFORNIA  WEST SACRAMENTO CA 95691	\$ 0.00	\$ 546.25
Subtotal of all payments itemized above	\$ 535.00	

☒ If more space is needed, check box and attach continuation sheets.

**Attachment Form 640**

(Continuation Sheet)

CALIFORNIA  
1993 FORM**640**

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PERIOD COVERED: 01/01/2010--03/31/2010NAME OF FILER: SAN BERNARDINO COUNTY OF

Name & Address of Payee	Amount This Quarter	Cumulative Amount Since January 1 Biennial Legislative Session
ASSOCIATION OF CALIFORNIA WATER AGENCIES  SACRAMENTO CA 95812	0.00	2305.00
BEST BEST & KRIEGER  RIVERSIDE CA 92502	260.00	260.00
CALIFORNIA AGRICULTURAL COMMISSIONERS & SEALERS ASSOCIATION  YUBA CITY CA 95991	0.00	4000.00
CALIFORNIA ASSESORS ASSOCIATION  EUREKA CA 95501	3900.00	7800.00
CALIFORNIA ASSOCIATION FOR ENTERPRISE ZONES  SACRAMENTO CA 95814	0.00	600.00
CALIFORNIA ASSOCIATION FOR LOCAL ECONOMIC DEVELOPMENT  SACRAMENTO CA 95814	0.00	2400.00
CALIFORNIA ASSOCIATION OF AREA AGENCIES ON AGING  SACRAMENTO CA 95814	0.00	5600.00
CALIFORNIA ASSOCIATION OF CLERKS AND ELECTION OFFICIALS  SANTA CRUZ CA 95060	0.00	1950.00
CALIFORNIA ASSOCIATION OF COUNTY VETERANS SERVICE OFFICERS  AUBURN CA 95603	0.00	1000.00
Subtotal of all payments itemized above	\$ 4160.00	

**Attachment Form 640**

(Continuation Sheet)

CALIFORNIA  
1993 FORM**640**

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PERIOD COVERED: 01/01/2010--03/31/2010NAME OF FILER: SAN BERNARDINO COUNTY OF

Name & Address of Payee	Amount This Quarter	Cumulative Amount Since January 1 Biennial Legislative Session
CALIFORNIA ASSOCIATION OF MARRIAGE & FAMILY THERAPISTS  SAN DIEGO CA 92111-1606	345.00	1186.25
CALIFORNIA ASSOCIATION OF MUSEUMS  SANTA ANA CA 92706	1000.00	2000.00
CALIFORNIA ASSOCIATION OF PUBLIC HEALTH LABORATORY DIRECTORS  PLACERVILLE CA 95667	0.00	500.00
CALIFORNIA ASSOCIATION OF PUBLIC HOSPITALS & HEALTH SYSTEMS  OAKLAND CA 94607	84861.00	217105.00
CALIFORNIA ASSOCIATION OF RECREATION & PARK DISTRICTS  SACRAMENTO CA 95822	0.00	2260.00
CALIFORNIA ASSOCIATION OF SANITATION AGENCIES  SACRAMENTO CA 95814-3704	0.00	1500.00
CALIFORNIA ATTORNEYS FOR CRIMINAL JUSTICE  SACRAMENTO CA 95815	0.00	3076.00
CALIFORNIA CHILD DEVELOPMENT ADMINISTRATORS ASSOCIATION  SACRAMENTO CA 95814	0.00	250.00
CALIFORNIA DISTRICT ATTORNEYS ASSOCIATION  SACRAMENTO CA 95814	28625.00	57825.00
Subtotal of all payments itemized above	\$ 114831.00	

**Attachment Form 640**

(Continuation Sheet)

CALIFORNIA  
1993 FORM**640**

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PERIOD COVERED: 01/01/2010--03/31/2010NAME OF FILER: SAN BERNARDINO,COUNTY OF

Name & Address of Payee	Amount This Quarter	Cumulative Amount Since January 1 Biennial Legislative Session
CALIFORNIA FIRE CHIEFS ASSOCIATION  OROVILLE CA 95965	350.00	850.00
CALIFORNIA LAND SURVEYOR ASSOCIATION  SANTA ROSA CA 95405	1035.00	1831.00
CALIFORNIA LAW ENFORCEMENT ASSOCIATION OF RECORDS SUPERVISORS  SAN BERNARDINO CA 92415	300.00	300.00
CALIFORNIA LIBRARY ASSOCIATION  SACRAMENTO CA 95814	1320.00	1320.00
CALIFORNIA MENTAL HEALTH DIRECTORS ASSOCIATION  SACRAMENTO CA 95818	0.00	43975.00
CALIFORNIA PARK & RECREATION SOCIETY  SACRAMENTO CA 95832-1118	405.00	1945.00
CALIFORNIA PEACE OFFICERS ASSOCIATION  SACRAMENTO CA 95815	0.00	4110.00
CALIFORNIA PROBATION PAROLE AND CORRECTIONAL ASSOCIATION  SACRAMENTO CA 95814	0.00	288.00
CALIFORNIA PUBLIC DEFENDERS ASSOCIATION,THE  SACRAMENTO CA 95827	4320.00	17120.00
Subtotal of all payments itemized above	\$ 7730.00	



**Attachment Form 640**

(Continuation Sheet)

CALIFORNIA  
1993 FORM**640**

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PERIOD COVERED: 01/01/2010--03/31/2010NAME OF FILER: SAN BERNARDINO,COUNTY OF

Name & Address of Payee	Amount This Quarter	Cumulative Amount Since January 1 Biennial Legislative Session
CALIFORNIA REDEVELOPMENT ASSOCIATION  SACRAMENTO CA 95814	0.00	15845.00
CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS  SAN FRANCISCO CA 94145	0.00	1185.00
CALIFORNIA SPECIAL DISTRICTS ASSOCIATION  SACRAMENTO CA 95814	4088.00	17615.00
CALIFORNIA STATE ASSOCIATION OF COUNTIES  SACRAMENTO CA 95814	0.00	122098.00
CALIFORNIA STATE ASSOCIATION OF PUBLIC ADMINISTRATORS,PUBLIC GUARDI- ANS,AND PUBLIC CONSERVATORS  VOLCANO CA 95689	0.00	1300.00
CALIFORNIA STATE CORONERS' ASSOCIATION  RIVERSIDE CA 92506-4549	0.00	1340.00
CALIFORNIA STATE PARKS FOUNDATION  SACRAMENTO CA 95812	0.00	500.00
CALIFORNIA STATE SHERIFFS ASSOCIATION  SACRAMENTO CA 95812	26113.00	52226.00
CALIFORNIA TRAVEL INDUSTRY ASSOCIATION  SACRAMENTO CA 95827	0.00	2025.00
Subtotal of all payments itemized above	\$ 30201.00	

**Attachment Form 640**

(Continuation Sheet)

CALIFORNIA  
1993 FORM**640**

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PERIOD COVERED: 01/01/2010--03/31/2010NAME OF FILER: SAN BERNARDINO COUNTY OF

Name & Address of Payee	Amount This Quarter	Cumulative Amount Since January 1 Biennial Legislative Session
CALIFORNIA WIC ASSOCIATION  SACRAMENTO CA 95814	1500.00	4000.00
CAPCOA-CALIFORNIA AIR POLLUTION CONTROL OFFICERS' ASSOCIATION  CAMERON PARK CA 90265	6850.00	6850.00
CHIEF PROBATION OFFICERS OF CALIFORNIA  SACRAMENTO CA 95814	0.00	21694.00
COUNCIL OF CALIFORNIA COUNTY LAW LIBRARIANS  AUBURN CA 95693	1500.00	3000.00
COUNTY ALCOHOL/DRUG PROGRAM ADMINISTRATOR'S ASSOCIATION OF CALIF - ORNIA  HANFORD CA 93230	0.00	8220.00
COUNTY HEALTH EXECUTIVES ASSOCIATION OF CALIFORNIA  SACRAMENTO CA 95814	17850.00	35700.00
COUNTY RECORDERS ASSOCIATION OF CALIFORNIA  AUBURN CA 95603	0.00	1100.00
COUNTY WELFARE DIRECTORS ASSOCIATION OF CALIFORNIA (CWDA)  SACRAMENTO CA 95814	0.00	50125.00
EMERGENCY MEDICAL SERVICES ADMINISTRATORS ASSN OF CA  MARTINEZ CA 94553	0.00	400.00
Subtotal of all payments itemized above	\$ 27700.00	

**Attachment Form 640**

(Continuation Sheet)

CALIFORNIA  
1993 FORM**640**

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PERIOD COVERED: 01/01/2010--03/31/2010NAME OF FILER: SAN BERNARDINO COUNTY OF

Name & Address of Payee	Amount This Quarter	Cumulative Amount Since January 1 Biennial Legislative Session
FIRE DISTRICTS ASSOCIATION OF CALIFORNIA  SACRAMENTO CA 95814	0.00	638.00
FIRST 5 ASSOCIATION OF CALIFORNIA  EL CERRITO CA 94530	0.00	21116.00
HESPERIA RECREATION AND PARK DISTRICT  HESPERIA CA 92340	0.00	1290.00
INTERNATIONAL CODE COUNCIL  BIRMINGHAM AL 35213	0.00	280.00
LOS ANGELES AREA CHAMBER OF COMMERCE  LOS ANGELES CA 90017	0.00	1650.00
MARGOLIN GROUP,THE  LOS ANGELES CA 90067	0.00	1500.00
MOSQUITO & VECTOR CONTROL ASSOCIATION OF CALIFORNIA  SACRAMENTO CA 95814	0.00	8000.00
NATIONAL ASSOCIATION OF SOCIAL WORKERS  WASHINGTON DC 20090-6104	0.00	950.00
NATIONAL EMERGENCY NUMBER ASSOCIATION  BALTIMORE MD 21297	840.00	2475.00
Subtotal of all payments itemized above	\$ 840.00	

**Attachment Form 640**

(Continuation Sheet)

CALIFORNIA  
1993 FORM**640**

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PERIOD COVERED: 01/01/2010--03/31/2010NAME OF FILER: SAN BERNARDINO COUNTY OF

Name & Address of Payee	Amount This Quarter	Cumulative Amount Since January 1 Biennial Legislative Session
OCCUPATIONAL THERAPY ASSOCIATION OF CALIFORNIA  SACRAMENTO CA 95827	0.00	365.00
SOLID WASTE ASSOCIATION OF NORTH AMERICA  SILVER SPRINGS MD 20907	1175.00	6919.00
SOUTHERN CALIFORNIA ASSN OF GOVERNMENTS  LOS ANGELES CA 90017	0.00	47946.00
STAFF TIME	34072.23	175823.17
STATE ASSOCIATION OF COUNTY AUDITORS  MARYSVILLE CA 95901	0.00	750.00
STATE BAR OF CALIFORNIA  SAN FRANCISCO CA 94105	171932.50	172232.50
STRATEGIC LOCAL GOVERNMENT SERVICES LLC  SACRAMENTO CA 95814	0.00	600.00
THOMSON WEST DBA BARCLAYS LAW PUBLISHERS  CHICAGO IL 60694	1127.00	1630.00
UNDERGROUND SERVICE ALERT OF SOUTHERN CALIFORNIA  CORONA CA 92877	564.00	3531.00
Subtotal of all payments itemized above	\$ 208870.73	

**Attachment Form 640**

(Continuation Sheet)

CALIFORNIA  
1993 FORM**640**

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PERIOD COVERED: 01/01/2010--03/31/2010NAME OF FILER: SAN BERNARDINO COUNTY OF

Name & Address of Payee	Amount This Quarter	Cumulative Amount Since January 1 Biennial Legislative Session
URBAN COUNTIES CAUCUS	0.00	37000.00
SACRAMENTO CA 95814		
Subtotal of all payments itemized above	\$ 0.00	